

## AIR CONDITIONING CHANGE OUT EQUIPMENT DATA

**Two (2) copies** of this form must accompany all air conditioning changeouts permit applications.

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Site address: \_\_\_\_\_ Unit/Apt #: \_\_\_\_\_ Permit #: \_\_\_\_\_

| EQUIPMENT DATA     | EXISTING UNIT | NEW UNIT |
|--------------------|---------------|----------|
| MANUFACTURER       |               |          |
| PKG. UNIT MODEL#   |               |          |
| AUH/COIL MODEL #   |               |          |
| CONDENSER MODEL P  |               |          |
| HEATER KW          |               |          |
| SYSTEM SIZE (TONS) |               |          |
| SEER /EER          |               |          |

A.H.R.I Reference Number: \_\_\_\_\_

Is a new roof curb/curb adapter or stand needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Is new equipment being moved or relocated? Yes \_\_\_\_\_ No \_\_\_\_\_

Is new ductwork being installed? Yes \_\_\_\_\_ No \_\_\_\_\_

Is an air duct smoke detector installed? Yes \_\_\_\_\_ No \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

FLORIDA STATE CERTIFICATION/ REGISTRATION#: \_\_\_\_\_

**Important: Existing equipment change outs must be level with the floor of the occupancy.**

**\*\*\*This form must be posted at the jobsite for inspection\*\*\***